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Bib Data Sheet

CONFIRMATION NO. 8047

|                             |                                       |              |                        |  |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/614,768 | FILING DATE<br>07/08/2003<br><br>RULE | CLASS<br>424 | GROUP ART UNIT<br>1655 | ATTORNEY<br>DOCKET NO.<br>41758-P002D1C1 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

APPLICANTS

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*mcf*

\*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/185,388 06/28/2002

*mcf*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 10/24/2003

|  |                              |                        |                       |                            |
|--|------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>WI    | SHEETS<br>DRAWING<br>2 | TOTAL<br>CLAIMS<br>22 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions<br>met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | Verified and<br>Acknowledged | Examiner's Signature   | Initials              |                            |

ADDRESS

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TITLE

Topical composition for the treatment of psoriasis and related skin disorders

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|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>393 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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